

MONTANA BOARD OF MEDICAL EXAMINERS  
PO Box 200513  
301 South Park Avenue 4<sup>th</sup> Floor  
Helena, Montana 59620-0513  
Phone (406) 841-2380 FAX (406) 841-2343  
E-MAIL: [dilbsdmed@state.mt.us](mailto:dilbsdmed@state.mt.us)  
WEBSITE: [www.discoveringmontana.com/dli/med](http://www.discoveringmontana.com/dli/med)

## Application for Program Approval: ☐ BLS ☐ ALS

*The original application must be received 30 days prior to the first day of class (according to the proposed agenda),  
the course may not begin prior to receiving approval (as identified on the web site).*

☐ YES ☐ NO **Do you wish this Program to be listed on the website as OPEN?**  
*(If you are willing to accept students from outside your community check YES.  
If yes is checked, your contact name, email and number provided on the web site to see)*

PLEASE PRINT OR TYPE

---

Print name of agency the application is being submitted for

---

Address of Agency

---

Agency contact person

### LEAD INSTRUCTOR SUBMITTING APPLICATION

1. FULL NAME: \_\_\_\_\_  
Last First Middle

2. E-MAIL ADDRESS: \_\_\_\_\_

3. TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Home Fax

4. LEVEL OF LICENSE: ☐ EMT-FR ☐ EMT-B ☐ EMT-I(99)  
☐ EMT-P ☐ PHYSICIAN ☐ PHYSICIAN-ASSISTANT

5. LICENSE NUMBER: \_\_\_\_\_

6. ATTACHMENTS: ☐ **Program Self Study (as described in the Program Application Manual)**  
☐ **FEE (\$50.00, check made out to: Board of Medical Examiners)**

*I have submitted this application on behalf of the identified program and it's attachments for the expressed purpose of course approval and I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions for program approval. I take full responsibility for the submission of this application on behalf of the identified agency.*

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date

**Notification of Program Approval:** The Program approval number (to be used with all correspondence concerning the program) will be posted on the Board of Medical Examiners web site ([www.discoveringmontana.com/dli/med](http://www.discoveringmontana.com/dli/med)) as soon as possible. No other correspondence will be made unless the department is requesting additional information to allow review of the application. An application denied (after additional receipt of additional requested material) will be returned to the Lead Instructor submitting the application. Applications (including attachments) that are unreadable will not be reviewed and will be returned to the Lead Instructor